



2017-2018 (5778)
High School Program Registration
Congregation Emanu-El of the City of New York

To enroll in the Religious School of Congregation Emanu-El, the student's legal guardian must be a member of the congregation. For membership information, please call the Membership Office at (212) 507-9514 or visit us at www.emanuelnyc.org to download an application.

GENERAL INFORMATION

Please complete one registration form for each student. You may contact the Religious School office at school@emanuelnyc.org or (212) 507-9546 to have forms sent to you, or download them from the Temple website (www.emanuelnyc.org/RSforms).

Name of Student: _____ Nickname: _____ Gender: _____

Address: _____ Date of Birth: _____

Mobile Phone: _____ Student Email: _____

Secular School: _____ Grade (2017-2018): _____

Name of Adult 1: _____ Relationship: _____

Address (if different than above): _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Name of Adult 2: _____ Relationship: _____

Address (if different than above): _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

If at a different address, does Adult 2 require duplicate mailings? ___ Yes ___ No

EMERGENCY CONTACT INFORMATION

In case of emergency, Congregation Emanu-El will contact Adults 1 and 2 listed above. If there are additional Emergency Contacts, please provide the information here:

Emergency Contact #1 Name: _____ Relationship: _____

Best method(s) of contact: ___ Home Phone ___ Mobile Phone ___ Email ___ Other

Contact information:

Emergency Contact #2 Name: _____ Relationship: _____

Best method(s) of contact: ___ Home Phone ___ Mobile Phone ___ Email ___ Other

Contact information:

MEDICAL INFORMATION

Please remember to inform the Religious School office if there are changes in the student's health over the course of the year. All medical information is kept strictly confidential.

In the event no one can be reached, I give permission for the staff of Congregation Emanu-El to take whatever emergency measures are necessary: ___Yes ___ No

Is your child regularly on any medication? ___Yes ___ No

If yes, please describe:

School personnel are not permitted to administer medication to students; if your child will require the above medication during Religious School hours, please detail the method by which your child will receive this medication:

Please describe any allergies or special medical conditions: _____

In the unlikely event of a medical emergency while your child is in school, please provide the following information:

Physician's Name: _____ Phone Number: _____

Sign here to indicate that all medical information is clear and accurate:

TEEN COMMUNITY PROGRAMS

We offer many educational, leadership and service opportunities for teens at the Temple. Please check off all programs in which your child is interested in participating. Visit our website for program description, calendars and fees (if applicable).

___ Register my teen for High School Confirmation, a year-long program.

Contact my teen about the following year-long opportunities:

- ___ Teen Leadership Council
- ___ Interfaith Ambassadors
- ___ A-TEEM (Religious School Internship)
- ___ Teen Philanthropic Committee

My teen is interested in attending the following one-time events:

- ___ Civil Rights Weekend (9th grade) (February 8-11, 2018)
- ___ High School Jewish History Trip to Barcelona (February 15-20, 2018)

___ Community service events (throughout the year)

___ Other: _____

What are your teen’s plans for summer 2018? _____

DISMISSAL INFORMATION

We are committed to ensuring the safety of our students.

It is our policy to allow high school students to leave on their own unless given alternate instructions by the legal guardian. If you do not give permission to have your child leave the Temple unescorted, please check here _____.

Please explain how your child will be picked up at the end of each event:

FAMILY ISRAEL TRIP

Join Rabbi Joshua Davidson, Saul Kaiserman, and their families for an unforgettable 10 day journey. December 23, 2018 – January 1, 2019. For more information, check here _____.

ADULT VOLUNTEER OPPORTUNITIES

Please contact me regarding the following volunteer opportunities for adults:

- ___ Volunteering in the Religious School (while your child is in school)
- ___ Volunteering at Family Programs (outside of school hours)
- ___ Parent Ambassadors
- ___ Tikkun Olam Committee/Mitzvah Day Activities

Describe any skill, area of expertise or resource you or a member of your family could offer the Religious School community:

COMMUNICATIONS

We respect your right to privacy and therefore are requesting your permission for the following:

If you **do not** want your name and contact information (address, home phone and email) included in the Religious School Parent/Student Directory, initial here: ____

It is our policy to not identify any students by name in Temple publicity. If you **do not** authorize Congregation Emanu-El to use photographs and recordings of your child on the Temple website, in print materials and other media for the promotion of and public education about our programs, initial here: ____

ADDITIONAL FAMILY INFORMATION

We'd like to learn a bit more information about your family.

Student attended Temple Emanu-El's Nursery School: ____Yes ____No

Family participated in Temple Emanu-El's Young Families Group/Tot Shabbat: ____Yes ____No

Student attended Temple Emanu-El's Religious School in a prior year: ____Yes ____No

Does your family have additional children who have never been registered for our Religious School? If yes:

Name:_____ Date of Birth:_____

Name:_____ Date of Birth:_____

SIGNATURE

By signing this form you are confirming that the above information is correct and committing to paying program fees, when applicable as follows: High School Confirmation, \$1450. Scholarships are available for all programs. To pay online by credit card, go to www.emanuelnyc.org/payment.

Print Name: _____

Signature: _____ Date: _____

RETURNING THE REGISTRATION FORM

Please return the completed form to the Religious School office.

Forms can be returned by mail:

Religious School Office
Congregation Emanu-El
One East 65th Street, 6th Floor
New York, NY 10065

By email:

school@emanuelnyc.org

By fax:

(212) 570-0826

For questions or to receive additional copies of this form by mail or email, please call the Religious School office at (212) 507-9546 or send an email to school@emanuelnyc.org.

Forms and detailed information about individual programs can also be downloaded from the Temple website at www.emanuelnyc.org/school.